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<sup>2</sup> Admitted in Michigan only  
<sup>3</sup> Admitted in Ohio and Indiana**FAX TRANSMISSION**

Date: December 20, 2007

To: Examiner M. Butler GAU 3653 U.S. Patent and Trademark Office

Fax: 571-273-8300

From: William J. Clemens

Re: 17050

We are transmitting a total of 3 pages (including cover sheet).  
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COMMENTS: Please see the following Fcc Transmittal form and Request for Continued Examination for filing in the patent application S/N 10/768,369. Thank you.

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PTO/SB/17 (10-07)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2008

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

405.00

## Complete If Known

Application Number

10/768,369

Filing Date

January 30, 2004

First Named Inventor

Steffens

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Examiner Name

M. Butler

Art Unit

3653

DEC 20 2007

Attorney Docket No.

17050

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

 Deposit Account Deposit Account Number: 50-3156 Deposit Account Name: Fraser Clemens Martin &

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity
50	25

Each independent claim over 3 (including Reissues)

Fee (\$)	Small Entity
210	105

Multiple dependent claims

## Multiple Dependent Claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=			

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination

Fee Paid (\$)

405.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 26,855	Telephone 248-960-2100
Name (Print/Type)	William J. Clemens		Date December 20, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PAGE 2/3 \* RCVD AT 12/20/2007 12:53:24 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-5/9 \* DNI:2738300 \* CSID:2486841243 \* DURATION (mm:ss):01:00

DEC 20 2007 PTO/SB/30 (12-07)  
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**Request  
for  
Continued Examination (RCE)  
Transmittal**

Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	10/768,369
Filing Date	January 30, 2004
First Named Inventor	Steffens
Art Unit	3653
Examiner Name	M. Butler
Attorney Docket Number	17050

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**  
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a.  Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

I.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

II.  Other \_\_\_\_\_

## 2. Miscellaneous

**Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a**

a.  period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)  
b.  Other \_\_\_\_\_

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a.  The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to  
Deposit Account No. 50-3156. I have enclosed a duplicate copy of this sheet.

i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)	12/21/2007	VBUI11	00000023	503150
ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)	01	FC:2801	405.00 DA	
iii. <input type="checkbox"/> Other _____				
<p>b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p>				

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Signature		Date	December 20, 2007
Name (Print/Type)	William J. Clemens	Registration No.	26,856

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature 

Name (Print/Type) William J. Clappette Date December 20, 2000

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